

Notice of Death

Contract Number	Contract Holder's Name
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Participant Data

Name (First, middle, Last)			Date of Death
Annuitant ID Number	Date of Birth	Gender: ____M ____F	Marital Status ____ Married ____ Single
Legal State of Residence (or Country if outside of the U.S.)		Was participant married to current spouse for the 12 consecutive months prior to date of death?	

Spouse/Beneficiary Data

Name (First, middle, Last)			Relationship
Spouse/Beneficiary SSN or Estate/Trust ID	Date of Birth	Gender: ____M ____F	Telephone Number

Mailing address: if address is outside the U.S. or its possessions, attached completed Citizenship Statement

Number and Street

City, State and Zip

Additional Information

Name of Nearest Living Relative	Relationship
	Telephone Number

Mailing Address:

Number and Street_____

City, State & Zip_____

Remarks:

Spouse's/Beneficiary's Signature	Date
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Proof of death required. Submit photocopy of Death Certificate

Please return to Pension Buy-out M227

Massachusetts Mutual Life Insurance Company and its affiliated companies. Springfield, MA 01111-0001

RS-33299-00